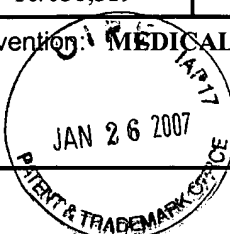
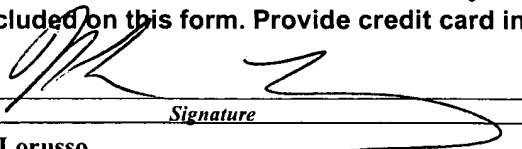



| | | | | | | |
|--|-------------------------------------|-----------------------------------|---|-------------------------------|---------------------------------|--|
| AMENDMENT TRANSMITTAL LETTER (Small Entity) | | | | | Docket No. TRG-299 | |
| Applicant(s): Burrhus Lang et al. | | | | | | |
| Application No. 10/030,519 | Filing Date June 5, 2002 | Examiner Mark Bockelman | Customer No. 48388 | Group Art Unit 3766 | Confirmation No. 5973 | |
| Invention: MEDICAL ELECTRODE | | | | | | |
|  COMMISSIONER FOR PATENTS: | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE | |
| TOTAL CLAIMS | 20 - | 20 = | 0 | x \$25.00 | \$0.00 | |
| INDEP. CLAIMS | 3 - | 3 = | 0 | x \$100.00 | \$0.00 | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 | |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2147 <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | |
|  Signature | | | Dated: January 4, 2007 | | | |
| Mark D. Lorusso Reg. No. 41,955 LORUSSO & ASSOCIATES 3 Pinecrest Terrace Portsmouth, NH 03801 Tel.: 603-427-0070 Fax: 603-427-5530 Email: mlorusso@lilplaw.com | | | <div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on January 4, 2007 (Date)  Signature of Person Mailing Correspondence Mark D. Lorusso Typed or Printed Name of Person Mailing Correspondence </div> | | | |
| cc: | | | | | | |



**IN THE UNITED STATES PATENT
AND TRADEMARK OFFICE**

In re Application of:
LANG et al.

Atty. Docket
No. TRG-299

Title: Medical Electrode

Confirm. No.: 5973

Serial No.: 10/030,519

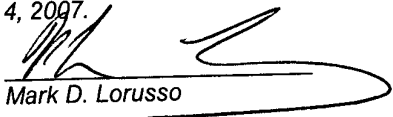
Art Unit: 3762

Filed: October 29, 2001

Examiner: Bockelman

CERTIFICATE OF MAILING

I hereby certify that the following correspondence is being deposited with the United States Postal service as first class mail in an envelope addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on January 4, 2007.


Mark D. Lorusso

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE AFTER FINAL

Sir:

This responds to the office action mailed August 14, 2006. The action has been made final. Please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.